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CENTER for INTEGRATED
HEALTH SOLUTIONS

Keys to Developing Effective Syringe Service Programs and Evidence Based Practices
Community of Practice (CoP) Session #1
Wednesday, February 22, 2017

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Jamie Weinstein, MPH, Facilitator   The MayaTech Corporation

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How to ask a question during the webinar

You may either use the "raise your hand" button and we will open up your lines for you to ask your question to the group. **(left)**
OR
Type your questions into the question box and we will address your questions. **(right)**

SESSION IS BEING RECORDED

Today's Agenda

1. Welcome
2. Review Syringe Service Program Guidance
3. Evidence Based Practices
4. Grantee Agencies Introductions
5. Wrap-up and Next Steps

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Faculty/Facilitator and CoP Participant Resources

STARTING POINT

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What is a Community of Practice?

CoP's are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly (Wenger, 2002).
- MAI-CoC training and technical assistance format that allows grantees to interact with one another in a smaller group and with greater depth.
- Three sessions over three months (with the option to email or call in between sessions for support).

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Gretchen Vaughn
- Clinician
- Program Evaluator
- Capacity building TA & training

Nancy Kingwood-Small
- HIV Prevention Specialist
- Program Manager
- Capacity building TA & training

Jamie Weinstein
- Public Health Professional
- Capacity building TA & training

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# MAI- CoC Grantees with SSP funding and or programs

- 11 MAI-CoC Grantees received SSP funding from SAMHSA in 2016
- Many other Grantee agencies are implementing SSP programs directly or through partnerships
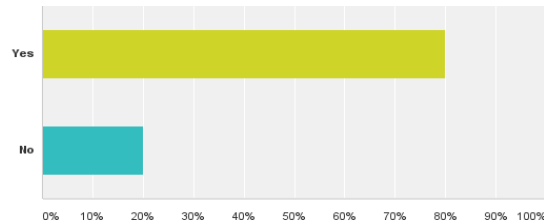
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Does your organization currently operate a Syringe Services Program?
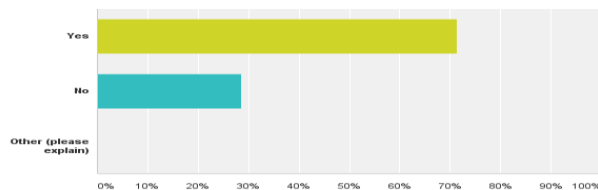
What is your level of knowledge/experience regarding the implementation of Syringe Services Programs (SSP)?

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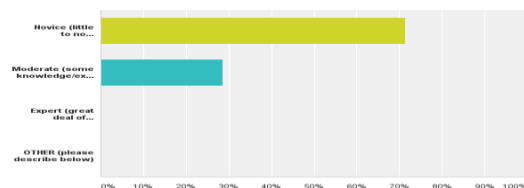
Is there a specific Evidence Based Practice that you would like this CoP group to discuss?

Motivational Interviewing

(Seeking Safety also being implemented)

SSP BACKGROUND & GUIDANCE

Injection Drug Use Background

HIV diagnoses attributed to injection drug use have been declining since the late 1980's

Effective HIV prevention interventions

Recent trends suggest increased risk for HIV and hepatitis C transmission attributed to injection drug use

U.S. epidemic of increased opioid use

Increased prevalence of injection drug use among young people (<30 years)

Large HIV outbreak among PWID in Southeastern Indiana and other rural areas

Persons who inject drugs (PWID) are at increased risk for HIV, HCV, hepatitis B virus, and other negative health outcomes

CDC: www.cdc.gov/hiv/library/reports/surveillance;

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SSP Background

First established in late 1980s in response to the HIV epidemic

NASEN - North American Syringe Exchange Network estimated 228 syringe service programs in 35 US states, the District of Colombia, the Commonwealth of Puerto Rico, and the Indian Nations in 2015.

In 2015, the restriction on use of Federal funds for programs distributing sterile needles or syringes for HHS programs was modified. Consolidated Appropriations Act, 2016 (Pub. L. 114-113)

While the provision still prohibits the use of federal funds to purchase sterile needles or syringes, it allows for Federal funds to be used for other aspects of SSPs based on evidence of a demonstrated need.

CDC Syringe Services Programs for Persons Who Inject Drugs 2013

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Trends in receipt of syringes and syringe sharing in the past 12 months among persons who inject drugs, by year — National HIV Behavioral Surveillance,* selected cities, United States, 2005–2015

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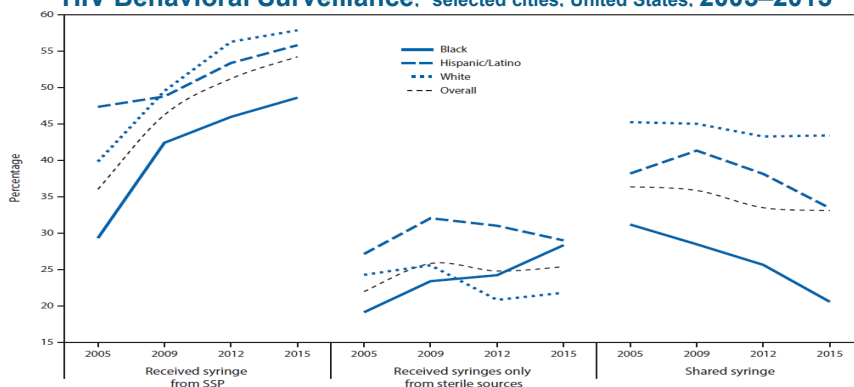
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SSP Benefits

Evidence of safety and cost-effectiveness for HIV prevention among PWID
- Reduction in injection risk behaviors & HIV incidence
- No increase in drug use (e.g., no increases in initiation, duration or frequency)
- Access to comprehensive prevention and treatment services that serve as a bridge to other integrated behavioral health and primary care services

Additional benefits
- Reach beyond enrolled SSP clients through secondary exchange and peer outreach
- Enrollment in substance use disorder treatment, higher HIV treatment retention, reduced needle stick injuries among first responders

Paz-Bailey, CDC, HHS Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016

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Syringe Service Program Definition
CDC, HHS SSP Guidance

- "provision of sterile needles, syringes and other drug preparation equipment and disposal services" (purchased with non-federal funds)
- "comprehensive sexual and injection risk reduction counseling"
- "HIV, viral hepatitis, other sexually transmitted diseases (STDs) and tuberculosis (TB) screening"
- "provision of naloxone to reverse opioid overdoses"
- "referral and linkage to HIV, viral hepatitis, other STDs and TB prevention care and treatment services"
- "referral and linkage to hepatitis A virus (HAV) and hepatitis B virus (HBV) vaccination"
- "referral to integrated and coordinated [care for] substance use disorder, mental health services, physical health care, social services, and recovery support services"

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Laying the Groundwork for SSPs:
Considerations before implementation

- Assessing Community Need
  - Gather data from varied sources – medical (ER, EMS, pharmacies), law enforcement, HIV service providers
  - Tailor services based on specific needs of risk subgroups
  - Data on community resources & context assist in the selection of "best fit" syringe distribution & service delivery models
- Assessing Community Readiness
  - Key stakeholder knowledge & attitudes
  - Relevant Federal, state, local laws & ordinances

NASTAD, UCHAPS 2012 Syringe Services Program (SSP) Development & Implementation Guidelines

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Developing a Supportive Environment for SSPs

Will your SSP be facilitated or impeded….

- Build Community Relationships, Partnerships, Open Dialogue
  - Community leaders, officials, opinion leaders, law enforcement, public health officials, religious leaders/groups, businesses affected by SSP sites
- Develop an Action Plan
  - Engage a wide range of community stakeholders in the planning process
  - Plan with potential Program Participants, People who inject drugs (PWID), or Peers in recovery
    - Service needs, Potential barriers

NASTAD, UCHAPS 2012 Syringe Services Program (SSP) Development & Implementation Guidelines

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Syringe Transaction Models

Goal – 100% coverage a sterile syringe for every injection

- **Needs-Based/ Negotiated Distribution**
- **One-for-One Exchange**
- **One-for-One Plus Exchange**

Service Delivery Models

Single or a combination of models may be used to expand the program's reach

- **Fixed Site**
- **Mobile/Street Based**
- **Secondary or Peer-Delivered**
- **Delivery of Supplies**
- **Pharmacy Distribution**

NASTAD, UCHAPS 2012 Syringe Services Program (SSP) Development & Implementation Guidelines

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Potential Domains for SSP monitoring

– Number of clients/participants
– Number of syringes distributed
– Number of syringes returned/disposed

- client characteristics (e.g., demographics, injection drug use history, medical history, and substance abuse treatment history)
- changes in drug use, injection, and treatment as a result of SSP participation.
- types of services used at the SSP (e.g., HIV, HCV, STD testing)
- referrals and linkage treatment and services
- participant satisfaction with program elements, such as hours, locations and staff interactions

NASTAD, UCHAPS 2012 Syringe Services Program (SSP) Development & Implementation Guidelines

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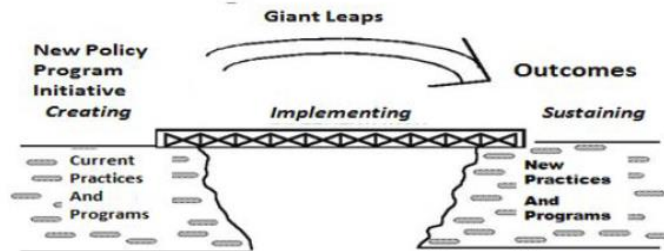
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Evidence Based Practice

•Interventions that consistently demonstrate *positive outcomes and effectiveness* in helping people with behavioral health issues

•**Effectiveness established** by researchers who conducted rigorous **peer reviewed studies** and obtained similar outcomes

•Given proper target population and implementation with fidelity, can be **expected to produce results in a cost-effective manner**

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Implementing EBP is a Change Process

Figure 1. Three Phases of the Change Process and the Implementation Bridge

ASPE Issue Brief, HHS, 2014 Using Evidence-Base Constructs to Assess Extent of Implementation of EB Interventions

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Laying the Groundwork for EBPs:
Organizational Climate   Community Climate

Organizational Checklist	√
Agency accepts program	
Staff willing to adopt EBP	
Program fits with existing efforts	
Buy-in from key staff/leaders	
History of favorable program adoption	
Structures in place to support new practice	
Workloads allow for implementation of new EBP	

Community Checklist	√
Community accepts program	
Program fits with existing community efforts	
Buy-in from key leaders	
Buy-in from community members	
Community success with other programs	

NASW Shift Project, Selecting & Implementation EBP Programs

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Identifying EBP Core Components

Questions to ask	
Program philosophy & values Does it conflict with current programs?	**Community** Does it fit with the cultural norms of the community?
Service delivery Target demographic?	**Staff** Qualifications, ratio, certification?
Structure Materials needed? How many served?	**Protocols** Manual, scripts?
Duration Number of sessions, time required?	**Cost** What is included in the cost? In-kind costs or special equipment?
Setting Location of program?	**Training** Who will deliver? # of hours?

NASW Shift Project, Selecting & Implementation EBP Programs

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Site Readiness Checklist

Evidence Based Intervention
- Familiar with the intervention
- Adopted EBP in past
- Staff open to the idea
- Administrators and staff understand research

Leadership
- Key organizational or community leaders identified
- Included in planning to create buy-in

Infrastructure
- Require new staff hires
- Need to cut back or adapt existing program
- Need to do cost assessment
- Gathered training materials
- Scheduled training/supervision time
- Components integrated into organizational systems

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EBP Implementation Milestones

Fidelity of Implementation- complex, multi-faceted

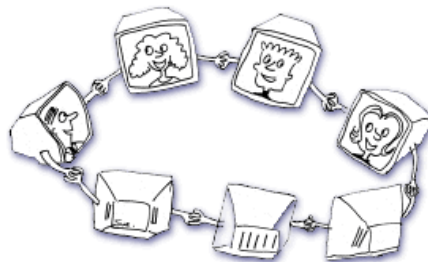**Competence in Use-** expertise and competence of practitioners

- Nonuser- not engaged, using the old way
- Novice- applying the change but struggling to use effectively
- Expert- has mastered the complexity using fully

Feeling & Perceptions – practitioners increasing confidence or resistance

Context of Organization – that supports or impedes

Implementation Drivers – that build competence, structure, leadership

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MAI-CoC SSP & EBP Community of Practice

GRANTEE
INTRODUCTION & DISCUSSION

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Next Steps…

Coaching call before Session 2?

Session 2 – Presentation on SSP Implementation
Session 3 – EBP- Motivational Interviewing

Other Topics to explore during the CoP?
➤ What topics would you like to focus on?
➤ Are there resources that you would like to share?

Resources – SSP & EBP CoP

Public Health Law Research's Law Atlas: Syringe
Distribution Laws Map
http://lawatlas.org/datasets/syringe-policies-laws-
regulating-non-retail-distribution-of-drug-parapherna

Implementing Evidence-Based Practices. Justice
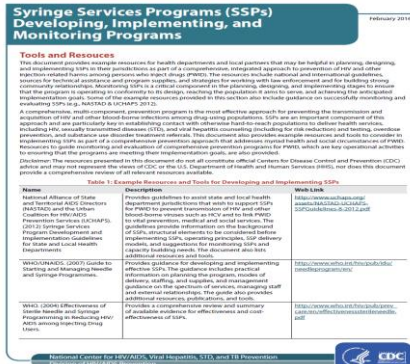Research & Statistics Association. January 2015

February 2016   **Tool & Resource Guide**
CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Syringe Services
  Programs(SSPs)
  Developing,
  Implementing, and
  Monitoring Programs
  https://www.cdc.gov/
  hiv/pdf/risk/cdc-hiv-
  developing-ssp.pdf

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Session #2

Wednesday, March 29th 2:00 -3:00 PM ET

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Session #3

Wednesday, April 26th 2:00 -3:00 PM ET

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Additional Questions

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Additional Comments?
Contact the SAMHSA-HRSA Center for Integrated Health Solutions
integration@thenationalcouncil.org or MAI-COC-TA@mayatech.com

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Slides for today's CoP are available on the CIHS website at:

http://www.integration.samhsa.gov/mai-coc-grantees-online-community/communities-of-practice

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For More Information & Resources

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Thank you for joining us today.

Please take a moment to provide your feedback by completing the survey at the end of today's webinar.